

215047742  
70266

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 033	Agency Case No. B5-107453	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 2205		STATE USE ONLY  11/18/2015					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2207	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. X St/36th - 35th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE						
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE						
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	2	VEHICLE NO. 1									
		DRIVER LICENSE NO.	G02148734	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE					
V1/N	1	DRIVER TONY K MENEFFEE		PHONE 4026016415	LOCAL NO.						
V2/N	1	DRIVER ADDRESS 3527 W ST, LINCOLN, NE 68503		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 09/29/1972	V1/1 19					
G	2	OWNER TONY K MENEFFEE		PHONE 4026016415	LOCAL NO.	V1/2					
		OWNER ADDRESS 3527 W St, Lincoln, NE 68503		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	V1/3					
H	5	LICENSE PLATE PA NO.	SBT351	YEAR (Plate Expires) 2016	STATE (Of Plate) NE	V1/4					
V1/O	3	VEHICLE	2005	MAKE Ford	MODEL Taurus	BODY STYLE 4 door Sedan	COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000	V1/5 19		
V2/O	1	VEHICLE ID NO. (VIN)	1FAFP53275A113130		INSURANCE COMPANY Progressive	POLICY NO. 11735696			V1/6 25		
I	1	VEHICLE NO. 2									
		DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE					
V1/P	6	DRIVER Parked		PHONE	LOCAL NO.				V2/1 18		
V2/P	8	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				V2/2		
J	01	OWNER GLORIA D WITHERSPOON		PHONE 4024703607	LOCAL NO. 09-06-1950				V2/3		
		OWNER ADDRESS 5445 W Zeamer, Lincoln, NE 68524		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO				V2/4		
V1/Q	1	LICENSE PLATE PA NO.	TKA122	YEAR (Plate Expires) 2015	STATE (Of Plate) NE				V2/5 18		
V2/Q	3	VEHICLE	2009	MAKE GMC	MODEL Acadia	BODY STYLE Medium/large	COLOR gold	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 750	V2/6 25		
K	01	VEHICLE ID NO. (VIN)	1GKEV23D29J120363		INSURANCE COMPANY State Farm	POLICY NO. 094 7823-F03-27A					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME		ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME		ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						
VEH. #	NAME		ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.						

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-107453**



Indicate  
North  
by Arrow



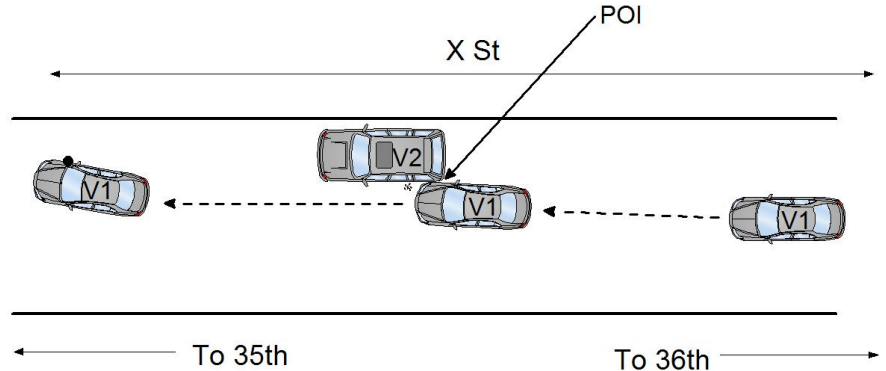
POI: 6'1" S of N curb of X St  
106' W of W curb of 36th

X St - 24'2"

No Skid Marks  
Measurements are estimates

\* - Debris  
● - Tire

**Not To Scale**



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of V1 stated he was traveling WB on X St between 36th and 35th and attempted to pull over to urinate. He said he did not think he was involved in an accident and did not know how his front driver's tire became broken and lodged under his wheel well. Ofcs' investigation led Ofc. to believe he was under the influence of alcohol and narcotics (Please see B5-107461). Ofc. observed comparable damage to V1 and V2. Tarrell N Howard 4-13-1980 3534 X St Lincoln NE 68503 4025706100 reported that he is the primary driver of V2 and that the damage Ofc. observed to the rear driver's light and panel was old damage, however, an approx. 1 foot scratch and flat tire on V2 was new damage. Ofc. took photos and tagged them into Property. Driver of V1 was cited and released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	0	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME									Driver No. 1	1	Driver No. 2	Pedestrian	
1				X	X St									Y	X	Y	Y	
2				X	X St									N		N	X	
1	01	06 Turning left				MOST DAMAGED AREA	02	MOST DAMAGED AREA	06	1 Deployed - front	1 None used - vehicle occupant	BAC LEVEL		.075				
2	10	08 Entering traffic lane				MOST DAMAGED AREA	02	MOST DAMAGED AREA	06	2 Deployed - side	2 Lap & shoulder belt used	ALCOHOL/DRUGS SUSPECTED		Driver No. 1	4	Driver No. 2	5	
					00 None 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				01 02 03 04 05 06 07 08				3 Deployed - both front/side 4 Not deployed 5 Not applicable/No airbag available 6 Unknown		3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	

OFFICER NO. <b>1640</b>	TROOP/TEAM/BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Wendy Fisher</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Wendy Fisher</b>	DATE OF REPORT <b>11/18/2015</b>